COVID-19: Practice Viability
Frequently Asked Questions (FAQs)

Q. Should I secure a loan?
A. This is a discussion to have with a business banker following a discussion with your certified public accountant (CPA). Ask your CPA to review the practice’s current financial health and provide a comparison with historical data (month-to-month and year-to-year). With this information, your CPA will be able to identify any trends or fluctuations in cash flow, project the practice’s future financial status, and determine the need to secure a loan.

Should there be an identified need, your banker will advise you on available options such as lines of credit, bridge loans, U.S. Small Business Administration (SBA) loans, and disaster loan assistance. SBA has designated COVID-19 as a qualifying event for the provision of economic injury disaster loans (EIDL) for businesses in affected communities; Texas recently qualified for this declaration. Small businesses suffering substantial economic injury due to COVID-19 may be eligible to receive EIDL funds.

Regardless of the funding source, be vigilant in asking questions about down payment requirements, interest rates, prepayment penalties, term limits, processing time, application and closing fees, and any personal guarantee requirements. Visit the SBA Loan Resource Center for many helpful resources with information being updated regularly.

Q. What is a business line of credit?
A. A line of credit is a credit extended by a bank (or other financial institution) that a borrower may draw on during a time of need. Draws are at the discretion of the borrower, and interest is paid only on the amounts withdrawn. Contact your bank for additional information on the types and terms of lines of credit that may be available for your practice.

Q. As patients cancel office appointments and nonemergent procedures, what can we do to bridge gaps in cash flow in the interim?
A. Ensure protocols are in place to reschedule appointments at time of cancellation. Anticipate and budget for additional costs like overtime pay, temporary staffing, and increased supply inventory.
Evaluate the practice’s fixed and variable expenses. Discontinue or reduce nonessential services, and ask vendors for payment extensions to try to be as liquid as possible. Pause or decrease auto-shipments of high-dollar supplies, like vaccines. Investigate new revenue opportunities such as billing for telemedicine, e-visits, and telephone encounters. Also, review insurance policies for any business interruption protection that may be available.

Q: How can we utilize telemedicine?

A. The same standards of care and for medical record documentation apply regardless of how a patient is seen – telemedicine or in-person visit. Fortunately, the practice does not need to purchase a specific telemedicine platform. The Centers for Medicare & Medicaid Services (CMS) now allows physicians to use nonpublic-facing applications (e.g., FaceTime and Skype) that previously were not allowed. Generally, there is a variety of options including evaluation and management codes.

The Texas Medical Board (TMB) has released detailed FAQs regarding telemedicine during Texas’ disaster declaration for COVID-19. Check the TMB website for updates.

Q: What billing codes and modifiers should we use to report telemedicine encounters?

A. Always refer to the payer websites and policies for billing, coding, and place of service guidance as the allowed code sets and required modifiers vary from payer to payer. Refer to TMA’s Telemedicine Quick Reference Chart for Payers for information on some of the top payers in Texas.

Q: What do we do if a physician or midlevel practitioner becomes ill?

A. Locum tenens placement agencies can fill your practice’s need for a temporary physician or nonphysician practitioner (NPP) with very short notice. These agencies have access to a pool of physicians/NPPs of various specialties who can assist anywhere in the state for varying lengths of time. The physicians/NPPs are credentialed and have medical liability coverage through the agency. Rates typically range from $100 to $200 per hour. CMS recently released a temporary CMS waiver of the requirement that out-of-state providers be licensed in the state where they are providing services. TMB also has issued COVID-19 disaster licensing guidance to allowing out-of-state physicians to obtain a limited emergency license or hospital-to-hospital credentialing. In addition, retired physicians in Texas with licenses on retired status for less than two years can receive emergency processing of applications to return to active licensure during COVID-19. Other options include modifying office hours to cover physician/NPP or staff absences or arranging with larger groups/health systems to help cover staffing within practices. (Many small practices may already have arrangements with other groups for call coverage; thus this may be an extension of that agreement). The goal is to plan and have these conversations and agreements now prior to becoming ill.
Q: How do we handle staff illness and absences?

A. Advise staff ill with fever or respiratory symptoms to stay home. When appropriate, allow staff to telecommute and remotely perform tasks such as appointment scheduling, refill requests, and billing. Cross train all staff members in essential tasks to ensure continuity of operations. Establish a relationship with a temporary staffing agency to help fill unexpected absences. Refer to TMA’s Practice Management Considerations for more information regarding operational issues.

As more health care workers become infected, healthy staff need to feel supported. Recognizing burnout and secondary trauma early on will help ease the stress on your staff. Keep communication lines open, and practice empathy and flexibility during the crisis. Share the Substance Abuse and Mental Health Services Administration Disaster Distress Hotline’s contact information with your staff members: (800) 985-5990 or text TalkWithUS to 66746.